

Deadline for submission is November 30, 2023. Please email the application to [esn@phsa.ca](mailto:esn@phsa.ca).

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## UNIT / WARD PREFERENCE

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Please choose two units at BC Children's Hospital listed below (1, 2) with 1 being your first preference.

Pediatric Oncology, Hematology,  
BMT/Oncology Clinic

Pediatric Surgery and Cardiac Surgery

Pediatric ICU

Pediatric Peri-Operative Program

Pediatric Medicine

Medical Imaging

Pediatric Rehabilitation  
(Sunny Hill Health Centre)

Outpatients Care

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## PROGRAM PREFERENCE

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Please tell us why you have chosen the BC Children's Hospital as your first preference.

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## FUTURE CAREER PLANS

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What are your career goals in this chosen area of pediatrics?

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## RELEVANT WORK AND VOLUNTEER EXPERIENCE WITH CHILDREN AND YOUTH

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Your Title

Employer

## COMPETENCIES ASSESSMENT

Please rate your own competencies using the scale below. Tick the box of the number that best represents your level on each competency (please see example).

### SCALE

- 1** I have not performed / demonstrated this and may require more education and support
- 2** I perform / demonstrate fairly consistently and may require support and more practice
- 3** I perform / demonstrate consistently, independently and with confidence
- N/A** Not Applicable

Example

1. Assumes responsibility for maintaining self-regulation / self-mastery.  **1**  **2**  **3**  **N/A**

### COMPETENCIES

**1 2 3 N/A**

1. Assumes responsibility for maintaining self-regulation / self-mastery.

2. Establishes and maintains effective relationships with clients, families and members of the health care team.

3. Ensures comprehensive communication and documentation of care  
(focus charting, creating and individualizing care plans, using flow sheets to communicate care, etc.)

4. Provides timely and effective teaching with clients, children/women and families  
(assesses learning needs, uses teaching resources, accesses resources, documents teaching and family comprehension of learning, etc.)

5. Organizes, plans and coordinates care effectively.

6. Provides safe nursing care to patients and families  
(safety assessments, environmental safety checks, etc.)

7. Provides family centered care.

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## SKILLS ASSESSMENT

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1 2 3 N/A

### 1. ASSESSMENTS

- a. Head to Toe (infant to youth)
- b. Mental Health
- c. Pain Assessment
- d. Safety and Environment Assessment

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### 2. PARENTERAL / INFUSION THERAPY

- a. Site to Source Assessment
- b. Troubleshooting
- c. Infusion Pumps (Syringe, Volumetric)
- d. Changed / Added Solutions
- e. Infusion System set-up (Primed lines, Checked solutions)
- f. Discontinued Infusions

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### 3. GI

- a. N/G Tube Insertion
- b. Adminstrating Tube Feedings
- c. Adminstrating Enema
- d. Infant Feeding
- e. Other

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### 4. SKIN AND WOUND CARE

- a. Dressings
- b. Other

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## SKILLS ASSESSMENT (CONTINUED)

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1 2 3 N/A

### 5. RESPIRATORY CARE

- a. Oxygen Therapy
  - b. Suctioning
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### 6. BASIC CARE AND PATIENT MOBILIZATION

- a. Transfers
  - b. Ambulation
  - c. Bedbaths
  - d. Turning / Repositioning
  - e. Play Therapy
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### 7. INFECTION CONTROL

- a. Isolation Techniques
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### 8. PATIENT AND FAMILY TEACHING

- a. Medication Teaching
- b. Other  
(e.g. asthma teaching, baby bath, etc.)

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Additional comments (if applicable)

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## CHECKLIST

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Have you completed the form in full?	YES	NO
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Have you submitted the following to [esn@phsa.ca](mailto:esn@phsa.ca):

PHSA General Application Form

Program-specific Application form(s) (this form)

Cover Letter

Resume (please ensure your resume includes all of your clinical placements)

Medical / Surgical Clinical Evaluation

Unofficial Transcript

Reference (must include two references—clinical instructor reference and personal / work reference)

\*Please provide your Pediatric Clinical Instructor for your Pediatrics placement (if completed).

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## THANK YOU FOR YOUR INTEREST IN PHSA'S ESN PROGRAM

Due to the large number of applications received, we are unable to confirm the status of individual applications.

**Please note: Only short listed applicants will be contacted for an interview.**